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Phil Ogden

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Under the Penerwork Reduction Act of 1895, no certains are required to n	U.S. Palent and Tradement Of	r use through 11/30/2005, OMB 0651-0035 flow, U.S. DEPARTMENT OF COMMERCE ess q chapteys a valid QMB control number.	
	Application Number	101797.752	\
REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Filing Date	63.111-2004	- ىرى
	First Named Inventor	Rean Maffer	
	Art Unit	3257	
	Examiner Name	L'El yell High	1
CHANGE OF CORRESPONDENCE ADDRESS	Attorney Docket Number	Phylip Wish I	7
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	<u> </u>		
I hereby revoke all previous powers of attorney given in the above-identified application.			
A Power of Attorney is submitted herewith.			
OR			
I hereby appoint the practitioners associated with the Customer Number:			
Please change the correspondence address for the above-identified application to:			
The address associated with Customer Number:			
OR			
Firm or Individual Name	Roy WMATTEN DO.		
Address			
	1732 SOUNC'SE ST		
City	Lodge Mant State 10 Zip Rosol		
Country	M.S. A.		
Telephone	303-776-4114 Fax 303-776-6489		
i am the: Applicant/Inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96)			
SIGNATURE of Applicant or Assignee of Record			
Signature	M. 11/11/2019		
Name	Ron W. Marker 22 -		
Date 04	05-2005 Telephone 303-77641141		
NOTE: Signatures of all the inventors or assignoes of record of the entire interest or their representative(s) are required. Submit multiple torms if more than one signature is required, see below.			
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This case is not superior is required by 37 CFR 1,38. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require an complete this form entire suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patern and Trademark (25to, U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450.

ADDRESS, SERD TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-8189 and select option 2.

PAGE 4/4 "RCVD AT 4/3/2005 0:23:58 PM [Castern DaySight Taile]" SVR:USPTO-EFXRF-N2 " DHIS:8728366 " CSID:303 776 0489 " DURATION (mm-ea):02-30